

Case Number:	CM14-0043835		
Date Assigned:	07/02/2014	Date of Injury:	09/30/2011
Decision Date:	10/31/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/10/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic surgery and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The claimant is a 48-year-old female who was injured on September 30, 2011. The records provided for review included the April 2, 2014 Utilization Review report authorizing surgery to include right shoulder arthroscopy, subacromial decompression, and Mumford procedure. This review is for purchase of a cryotherapy device and preoperative medical clearance with laboratory testing in relationship to the authorized surgery. The specific lab testing requested was not documented. There is no documentation of underlying comorbidities or past medical history noted for the claimant.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Cold Therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter, Continuous-flow cryotherapy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205,555-556. Decision based on Non-MTUS Citation (ODG); Treatment in Worker's Comp, 18th Edition, 2013 Updates: shoulder procedure -

Decision rationale: The California ACOEM Guidelines supported by Official Disability Guideline criteria would not support the use of a cryotherapy device. The ACOEM Guidelines recommend the use of cold packs to treatment pain and swelling in the acute setting. The Official Disability Guidelines recommend the use of continuous-flow cryotherapy in the postoperative setting for up to seven days including home use. This specific request does not identify the length of time the cryotherapy device is to be used. This information would be necessary, since ODG only recommends up to seven days postoperatively, prior to making a determination. Therefore, Cold Therapy is not medically necessary.

Medical Clearance with lab work (not specified): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004); Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: California ACOEM Guidelines do not support the request for preoperative medical clearance with unspecified laboratory work. The documentation does not identify that the claimant has any underlying comorbidities or past medical history that would necessitate the need for preoperative clearance or lab testing before an outpatient patient arthroscopic procedure to the shoulder. Request in this case would not be supported as medically necessary.